



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE, METRO CENTER
NASHVILLE, TN 37243**

TENNESSEE BOARD OF NURSING

**Local (Nashville Calling Area) 615 532-3202
Nationwide (toll free) 1-800-778-4123**

**REGISTERED NURSE
INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT**

It takes approximately 4 to 6 weeks for a temporary permit to be issued. If additional information is required you will be notified by mail. It is not necessary to call the board to check on the status of your application go to tennessee.gov/health, click on verification.

Licensure by endorsement in Tennessee is granted on an individual basis. With the exception of a person licensed during the initial waiver period in another U.S. jurisdiction (state), an applicant must be a graduate of an approved school of nursing and licensed by written examination.

- o An applicant shall have general education equivalent to that required for Tennessee candidates for licensure by examination at the time the applicant was accepted for licensure in another jurisdiction.
- o An applicant shall have substantially the same course of study as set by the Board for Tennessee schools of nursing at the time the applicant was accepted for licensure by examination in another jurisdiction.
- o The Tennessee Board of Nursing accepts the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX-RN) provided scores are equal to the lowest passing scores required by this Board.

1. COMPACT STATE

Please read all instructions and determine your Primary State of Residence before completing any applications.

Primary State of Residence

- (a) If your primary state of residence is a compact state: You must apply for licensure by endorsement in your primary state of residence or in a non-compact state.
- (b) If your primary state of residence is Tennessee or a non-compact state: You may apply in Tennessee for licensure by endorsement.

DEFINITION: "PRIMARY STATE OF RESIDENCE" means the state of a person's declared fixed permanent and principle home for legal purposes; domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return.

APPLICANTS IN COMPACT STATES

If you now live in a compact state and are moving to Tennessee, you may practice in Tennessee for 30 days on your compact state license. FOR A CURRENT LIST OF STATES IN THE COMPACT, CHECK THE FOLLOWING WEB SITE:
www.ncsbn.org and follow the link to the Nurse Licensure Compact Map.

To apply for licensure, you must submit the following:

- 2. APPLICATION.** Complete **all** sections.
- 3. Affix one (1) professional passport type (2½" x 2½") photograph.**
 - a) Vending machines, snapshots or ID photographs are not acceptable.
 - b) Straight on pose including head and shoulders.
 - c) Legal signature and date on front of photograph - signature must not conceal face.
 - d) Date the photograph was taken must be no more than six months prior to date of application.
- 4. Sign Affidavit at the bottom of page 3 in the presence of a Notary Public.**
- 5. Attach a copy of your nursing diploma or nursing transcript.**
- 6. Complete criminal background check**
- 7. LICENSURE FEE.**

Attach the correct fee in U.S. currency. **Check or money order must be made payable to the Tennessee Board of Nursing.**

a.	Licensure Fee	\$105.00
b.	State Regulatory Fee	10.00
c.	Permit Fee	<u>25.00</u> (Include only if applying for a permit)
		\$140.00

FEES SUBMITTED TO THE BOARD ARE NOT REFUNDABLE

8. TEMPORARY PERMIT.

If you have a current active license you may wish to request a temporary permit (follow directions on page 4 of application). This permit allows you to practice nursing while the endorsement process is being completed. **The Permit is valid for six (6) months.** You may expect to receive your **temporary permit in approximately four (4) to six (6) weeks.**

9. VERIFICATION FORM

If you were originally licensed in one of the states listed on the enclosed NURSYS License Verification Request Form, follow the instructions on that form. Please mail fee and NURSYS form to the Chicago, Illinois address.

If you were originally licensed in a state not included or listed on the enclosed NURSYS form, mail the document entitled **VERIFICATION FORM** to the licensing agency in the state where you were originally licensed. Please supply your full name (as licensed), current address and original license number so that your records can be readily located. The licensing agency will complete the form and return it directly to this office. Some states charge a fee for this service go to www.ncsbn.org and click on boards of nursing contact information for board address, telephone number and web sites.

10. COMPETENCY REQUIREMENTS/REFRESHER COURSE.

If you have not worked in nursing for five (5) or more years you will be sent special instructions.

APPLICATION COMPLETION REMINDER:

		YES	NO
1.	Completed application form (notarized);	<input type="checkbox"/>	<input type="checkbox"/>
2.	Licensure and Regulatory Fee (\$115.00);	<input type="checkbox"/>	<input type="checkbox"/>
3.	Photograph – signed and dated on the front;	<input type="checkbox"/>	<input type="checkbox"/>
4.	Verification form sent to state of original licensure;	<input type="checkbox"/>	<input type="checkbox"/>
5.	Copy of your nursing diploma or nursing transcript; and	<input type="checkbox"/>	<input type="checkbox"/>
6.	If you wish a temporary permit also include: a) Completed permit application, b) Permit fee (\$25.00), and c) Photocopy of a nursing license with a current expiration date.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Foreign educated nurses should also include: a) Copy of Certificate on Graduates of Foreign Nursing School or b) School transcript	<input type="checkbox"/>	<input type="checkbox"/>
8.	Requested court records (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>
9.	Criminal Background Check (click here for instructions)	<input type="checkbox"/>	<input type="checkbox"/>

If you change your address, it is your responsibility to notify this office.

If you change your name, you must submit a copy of the legal document that changed your name. Fax to (615) 741-7899.

Your application is not complete and you cannot be issued a license until the completed verification form is received by the Tennessee Board of Nursing. Please contact the Board if you have not received a license within four (4) months from the date of application.

IT IS ILLEGAL TO PRACTICE NURSING IN THE STATE OF TENNESSEE WITHOUT A VALID TEMPORARY PERMIT OR ACTIVE LICENSE OR A MULTI-STATE LICENSE FROM ANOTHER COMPACT STATE.

JH/G5086005/BN

Revised06/06

PHOTOGRAPH
NOT TO EXCEED
2½" x 2½"
PASSPORT TYPE

GLUE PHOTOGRAPH HERE
SIGNED AND DATED ON THE
FRONT BY APPLICANT

Date taken must be no more than
six months prior to application
date

Tennessee Board of Nursing
227 Heritage Landing, suite 300
Heritage Place, Metro Center
Nashville, TN 37243



1703 001 - \$105.00
1703 006 - \$ 10.00
1703 001 - \$ 25.00
\$140.00

Application for Licensure as a Registered Professional Nurse by Endorsement

HAVE YOU EVER BEEN LICENSED AS A REGISTERED NURSE IN TENNESSEE? ☐ YES ☐ NO
IF YES, CONTACT THIS OFFICE. DO NOT COMPLETE THIS FORM.

FEES ARE NOT REFUNDABLE

TO BE COMPLETED IN INK BY APPLICANT **Print or Type** Please refer to instruction sheet when completing the application.
ALL QUESTIONS MUST BE COMPLETED.

1. Name _____
LAST FIRST MIDDLE MAIDEN
2. List any other names by which you have been known _____
LAST FIRST MIDDLE
3. Social Security Number _____ Telephone Number _____
HOME OFFICE
4. Place of Birth _____ Date of Birth _____ Gender: ☐ Female ☐ Male
City State
5. Ethnic Group: ☐ White ☐ Black ☐ Native American Indian ☐ Asian ☐ Hispanic ☐ Other, Specify _____
6. Address to where you want license mailed:

(Street/PO Box/Route) (City/State/Zip)

7. PRIMARY STATE OF RESIDENCE

I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes and is my domicile. **The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return.** If you indicated another compact state as your primary state of residence, but will be moving to Tennessee and declaring Tennessee as your primary state of residence please indicate: YES ☐ and date _____

8. General Education:

High School Graduate ☐ Yes ☐ No Date of Diploma _____
G.E.D. Equivalency ☐ Yes ☐ No Date Test Administered _____

9. Nursing Education:

9.1 _____ 9.2 Degree ☐ Associate ☐ Diploma
Name of College/University/School of Nursing ☐ Baccalaureate ☐ Master
Location _____
CITY STATE
Length of Program _____ Date of Enrollment _____ Completion Date _____

10. Original Registered Nurse Licensure

10.1 In what state were you originally licensed as a Registered Nurse?
State _____ Date _____ License No. _____

10.2 How were you licensed in the original state of licensure? ☐ Examination ☐ Endorsement ☐ Waiver

10.3 Indicate all states where you have been licensed _____

11. Have you written a national licensing examination? ☐ Yes ☐ No If **yes**, please indicate State _____ Date _____
Month/Day/Year

Some states offer either a state constructed examination for licensure or the national licensing examination. The national licensing examination was previously known as the State Board Test Pool Examination (S.B.T.P.E.) and is currently known as the National Council Licensure Examination (NCLEX-RN).

12. Have you ever been licensed in any other health care profession? ☐ YES ☐ NO If **yes**, please identify profession and state _____

13. **Disciplinary Action**

13.1 Have you ever been denied a nursing license or had any other professional license, certificate or privilege or registration disciplined (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any state or jurisdiction? ☐ YES ☐ NO

13.2 If **yes**, please identify the state where the action was originally taken and provide a copy of the documentation that cleared the action STATE _____ YEAR _____

14. Are you currently in good physical and mental health? (Include any physical or mental limitations) ☐ Yes ☐ No If **no**, please explain: _____

15. **Conviction of a Crime**

15.1 Have you ever been convicted of or plead guilty to a misdemeanor or felony other than a minor traffic violation? ☐ Yes ☐ No

If **yes**, please submit a certified copy of the warrant and judgment or conviction papers and evidence of completion of fines, restitution, probation, and a self letter that describes circumstances that resulted in arrest and conviction.

15.2 If **yes**, specify date and type of conviction.

Date _____ Type of Conviction _____
Month/Day/Year

16. **List employment as a registered nurse during the last five years.**

THIS QUESTION MUST BE ANSWERED COMPLETELY.

	Employer/ Agency	Mailing Address (City and State)	Position Held	Employment Dates (Month/Year) Beginning/Ending
16.1				
16.2				
16.3				
16.4				
16.5				

17. What is your anticipated nursing position in Tennessee? _____ POSITION
Name and complete mailing address of prospective employer (if known) _____

18. What is your activity (work) status in the nursing profession?
(Working in this profession also includes teaching, administration and research). Check only one.

- | | |
|--|---|
| <input type="checkbox"/> = Working full time in Nursing (1) | <input type="checkbox"/> = Not worked in Nursing for at least 2 years but less than 5 years (4) |
| <input type="checkbox"/> = Working part time in Nursing (2) | <input type="checkbox"/> = Not worked in Nursing for 5 years or more (5) |
| <input type="checkbox"/> = Not worked in Nursing for less than 2 years (3) | <input type="checkbox"/> = Official Use Only (6) |

19. Please indicate your major practice area in nursing: **Check Only One**

- | | |
|--|---|
| <input type="checkbox"/> = Community/Public Health (1) | <input type="checkbox"/> = Emergency Service (9) |
| <input type="checkbox"/> = General Practice (2) | <input type="checkbox"/> = Case Management (11) |
| <input type="checkbox"/> = Geriatric (3) | <input type="checkbox"/> = Primary Care (12) |
| <input type="checkbox"/> = Obstetric/Gynecologic (4) | <input type="checkbox"/> = Education (13) |
| <input type="checkbox"/> = Medical/Surgical (5) | <input type="checkbox"/> = Administrative/Management (14) |
| <input type="checkbox"/> = Pediatric (6) | <input type="checkbox"/> = Perioperative (15) |
| <input type="checkbox"/> = Psychiatric/Mental Health (7) | <input type="checkbox"/> = Other, Please Specify (10) |
| <input type="checkbox"/> = Critical/Intensive Care (8) | _____ |

20. Please indicate your principal setting of Employment: **Check Only One**
- | | |
|---|---|
| <input type="checkbox"/> = Hospital/Medical Center (1) | <input type="checkbox"/> = Industrial/Occupational (8) |
| <input type="checkbox"/> = Ambulatory/Outpatient Clinic,
FreeStanding Surgery Center (2) | <input type="checkbox"/> = Community/Public Health (9) |
| <input type="checkbox"/> = Office (Physician or Dentist) (3) | <input type="checkbox"/> = Hospice (13) |
| <input type="checkbox"/> = Nursing Home (4) | <input type="checkbox"/> = School Nurse (11) |
| <input type="checkbox"/> = Home Health (5) | <input type="checkbox"/> = School of Nursing/College/ University (12) |
| <input type="checkbox"/> = Private Duty (6) | <input type="checkbox"/> = Assisted Living/Home for the Aged (15) |
| <input type="checkbox"/> = Insurance (7) | <input type="checkbox"/> = Other, Please specify (10) _____ |
21. Please indicate your current type of nursing position **Check Only One**
- | | |
|--|---|
| <input type="checkbox"/> = Administrator (1) | <input type="checkbox"/> = Nurse Practitioner (Certificate of Fitness to prescribe) (12) |
| <input type="checkbox"/> = Consultant (2) | <input type="checkbox"/> = Clinical Specialist (8) |
| <input type="checkbox"/> = Supervisor or Assistant (3) | <input type="checkbox"/> = Clinical Specialist (Certificate of Fitness to prescribe) (13) |
| <input type="checkbox"/> = Instructor or Educator (4) | <input type="checkbox"/> = Nurse Midwife (Certified) (10) |
| <input type="checkbox"/> = Head Nurse or Assistant (5) | <input type="checkbox"/> = Nurse Midwife (Certificate of Fitness to prescribe) (14) |
| <input type="checkbox"/> = Staff or General Duty (6) | <input type="checkbox"/> = Quality Assurance (15) |
| <input type="checkbox"/> = Nurse Anesthetist (17) | <input type="checkbox"/> = Case Manager (16) |
| <input type="checkbox"/> = Nurse Anesthetist (Certified) (9) | <input type="checkbox"/> = Other, please specify (11) _____ |
| <input type="checkbox"/> = Nurse Practitioner (7) | |
22. Please indicate your highest degree in nursing: **Check Only One**
- | | |
|--|---|
| <input type="checkbox"/> = Diploma (1) | <input type="checkbox"/> = Master's in Nursing (4) |
| <input type="checkbox"/> = Associate degree in Nursing (2) | <input type="checkbox"/> = Doctorate in Nursing (5) |
| <input type="checkbox"/> = Bachelor's in Nursing (3) | |
23. Please indicate your highest degree in another field, if applicable: **Check Only One**
- | | |
|---|---|
| <input type="checkbox"/> = No Other Degree Held (6) | <input type="checkbox"/> = Master's (9) |
| <input type="checkbox"/> = Associate (7) | <input type="checkbox"/> = Doctorate (10) |
| <input type="checkbox"/> = Bachelor's (8) | |

SEE BACK PAGE FOR PERMIT APPLICATION

AFFIDAVIT

State of _____

County of _____

_____, personally appearing before me, being duly sworn says that _____
NAME OF APPLICANT he/she
 is the person referred to in the foregoing application for a license to practice as a Registered Nurse in the State of Tennessee
 that the statements therein contained are true and that _____ has read and understands this affidavit. **I understand**
he/she
that if the processing of this application is not completed, the application becomes null and void one year from date received. I also understand that falsification of an application is grounds for denial of licensure or discipline against a license.

Legal Signature of Applicant _____

Sworn to before me this _____ day of _____, 20 _____.

Notary Public _____

SEAL

Commission Expires _____

INFORMATION

1. A nurse shall not practice nursing in the State of Tennessee unless licensed by the Tennessee Board of Nursing as a Registered Nurse or holds a multi-state license from another compact state.
2. A temporary permit for the practice of professional nursing may be issued by the Board to an applicant for licensure without examination provided that (1) preliminary review by the Board of the applicant's sworn statement as to education, nursing education and licensure shows these qualifications to be satisfactory; (2) the fee is paid; and (3) a photocopy of a current re-registration certificate (wallet size card) is submitted.
 - a. The permit may be issued one (1) time only and shall not exceed six (6) months in length.
 - b. The permit may be reduced in length or denied if the nurse has delayed application until after starting employment in Tennessee.

PERMIT APPLICATION

Have you ever been issued a temporary permit to practice nursing in Tennessee? ☐ Yes ☐ No
☐ By Examination ☐ By Endorsement

I _____, an applicant for licensure by endorsement and holder
NAME

of current renewal certificate number _____ in the State of _____, request a permit for use during
the time my endorsement application is being processed. The name and address where this permit will be used is:

Name of Agency or Institution (if known) _____

Address _____
(Number) (Street)

(City) (State) (TN)

Signature _____
(First) (Middle) (Maiden) (Last)

FOR OFFICE USE ONLY

NAME _____

PERMIT NO. _____ DATE ISSUED _____ DATE EXPIRED _____

LICENSE NO. _____ DATE ISSUED _____

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